

Adult Volunteer Application

Please complete pages 1-3 and attach completed clearances. Please mail to P.O. Box 1029 Erie, PA 16512. If you have any questions call the Education Department at (814) 864-4091 ext. 1125 or e-mail bmoore@eriezoo.org.

Adults include all applicants ages 18 and up for this program.

Personal Information
Name: Date of Application:/
Address:
City:State:Zip:
Home Phone: () Best time to call:
Cell Phone: () E-mail address:
Are you a returning volunteer? YES NO
Are you currently employed? YES NO Retired Name of employer:
Describe your primary responsibilities:
Are you currently a student? YES NO List School: List last grade you completed: Date of Birth:/(optional)
Are you 18 years or older? YES NO
Do you have court mandated service hours? YES NO Have you ever been convicted of a felony: YES NO (The Erie Zoo cannot accept volunteers that have court mandated service requirements or who cannot obtain a clear background check)
What special skills, talents, interests, training or hobbies do you have?
Please list any previous volunteer experience:
How did you hear about the Erie Zoological Society volunteer program?

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advertising, on-line or commercial purposes.	ohs or videotape tak	en of me for editorial,
Volunteer Signature:		Date:
Parent or Guardian's Signature:		Date:
Adult Volunteer Opportuni	ties	
The Erie Zoo Adult Volunteers have the opportunity to assist with Spec		
Classes, Camps, Informational Stations, Animal Diets, Horticulture and on-ground and off-ground opportunities. Please be aware that animal has commitment and review from Education Department. Volunteers will u what they would like to volunteer for and the times they are available. To volunteers is 40 hours a year. Most adults find this requirement easy to own personal schedules.	andling is earned a se our online sche The minimum requ	after a substantial eduling system to pick uirement of hours for
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PO Box 1029 Erie, PA 16512 • (814) 864-4091 ext 1125• e-mail: <u>bmoore@eriezoo.org</u>.

Erie Zoological Society Volunteer Program

Medical Information

Before you begin your first volunteer assignment, we need you to provide the following medical information. Please sign your name and provide the original to the Education Department, by mail to P.O. Box 1029 Erie, PA 16512.

Personal Information	h			
Date:				
Volunteer Name:				
Name of emergency contac	t:	Relationship:	Phone:	
Name of emergency contac	t:	Relationship:	Phone:	<u>—</u>
Medical History				
Heart problems □	Diabetes 🗌	Epilepsy 🗌	Allergies	
Describe allergies and/or m	edical history we shou	ld be aware of:		
				_
I am currently taking medici	ne for:			
Restrictions on my physical	activity include:			
In case of emergency which	ı hospital would you lik	e to go to		
Date of Tetanus Vaccination	n:			
Medical Insurance				
Claims must be submitted to medical plan), before being insurance the Erie Zoologica volunteer activities.	submitted to the Erie 2	Zoological Society policy.	However, if there is no othe	er applicable
Are you covered under med	ical insurance?	∕ES □ NO □		
Policy Holder Name:		Insurance Compan	y:	<u>—</u>
Policy Number:		Group Number:		

Adult Volunteer Application

Please complete the entire Volunteer Application and processed clearances (Erie Zoo does not process or pay for your clearances). Applications that do not include the listed clearances will not be considered.

Mail to: P.O. Box 1029 Erie, PA 16508.

If you have any questions call the Education Office at (814) 864-4091 ext. 1125 or e-mail at bmoore@eriezoo.org.

Checklist to submit completed Volunteer Application:

- Application filled out with your Emergency Contact/ Insurance information and your clearances.
- The Erie Zoo does not process/submit clearances for you or pay for your clearances. Your clearances must be renewed every 5 years, if you continue to be a volunteer at the zoo. If you already have current clearances, less than 1 year old, you may send in copies of those with your application.
 - Go online to the sites listed below to get your Volunteer clearances (remember to print out your clearances.)
 - Your processed PA Child Abuse Clearance (a printed copy) www.compass.state.pa.us/cwis
 - Your processed Criminal Background Clearance (a printed copy) https://epatch.pa.gov/home
 - Your processed FBI Fingerprint check (a printed copy) is required if you have not been a resident of the state of PA for at least the last ten years https://www.identogo.com/

Clearances: PA Law (PA Act 153) requires all of our volunteers (aged 18 years of age and older) to have completed background checks prior to volunteering at the Erie Zoo. Clearances required: Criminal History Background Check obtained from the PA State Police (PATCH); PA. Child Abuse History Clearance obtained through the Department of Public Welfare; and an FBI Fingerprint screening if you have not lived in Pennsylvania for at least the last ten years.